

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # 10/523639

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal		603605E3510	\$150.00
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment		Refund Ref:	\$
Other		603605	\$

7 TOTAL AMOUNT OF REFUND \$100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9    --

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

CC Refund

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: \_\_\_\_\_

SIGNATURE: B.C.

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

ext 217

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

Adjustment date: 07/15/2005 BCAMPBEL  
02/14/2005 RAKYPAKH 00000023 10523639  
92 FC:1632 -500.00 OP

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B